Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective	11-1-13
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial     </li> <li>Automobile Physical Damage</li> </ol>		
Private Passenger Commercial 3. Liability Other Than Auto		
<ul><li>4. Burglary and Theft</li><li>5. Glass</li></ul>		
<ul><li>6. Fidelity</li><li>7. Surety</li></ul>		
Boiler and Machinery     Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation	\$289,263	5.3%
Line of Insurance	Ψ209,200	0.070
Does filing only apply to certain territory (	territories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows NCCI loss costs as filed in circular IL-201	rates of an advisory organization, specify or 2-01 and approved in IL-2012-04.	ganization): We are filing to adopt the
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	
		Casualty Insurance Company Name of Company
	Marie T. Safr	eed, State Filing Specialist Official - Title

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Change in Company's premium or rate le	evel produced by rate revision effective	11-1-13
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation  Line of Insurance	\$448,688	5.0%
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	: <u>No</u>
Brief description of filing. (If filing follows NCCI loss costs as filed in circular IL-20	rates of an advisory organization, specify of 12-01 and approved in IL-2012-04.	organization): We are filing to adopt the
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	which will result from application of new rate	s. D Insurance Company
		Name of Company
	Marie T. Sa	freed, State Filing Specialist Official – Title

# FORM (RF-3)

#### SUMMARY SHEET

-	(1)	(2) Annual Premium	(3) Percent Change (+or.) **	
4	Coverage	Volume (Illinois) *	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger Commercial			
2	Automobile Physical Damag	**************************************		
2	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass	<u> </u>		
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$17,670,441	<b>≠</b> 0.4%	
	Life of Insurance			
*	Does filing only apply to certa Classes? If so,	ain territory (territories) o	r certain	
	•	olies to all classes.		
	Brief description of filing. (If	filing follows rates of an a	advisory	
	Organization, specify	Ma are residing assessed desiration	a from the National Council on Companyation Income	
	organization): We are revising our rates, deviating from the National Council on Compensation Insurance			
	(NCCI) 1/1/13 rates. Preferred classes (listed on cover letter) are deviated +50% from NCCI advisory rates. Standard B classes (listed on cover letter) are deviated +75% from NCCI advisory rates. All other classes are deviated +59% from NCCI advisory rates			
	*Adjusted to reflect all prior rate changes.			
	**Change in Company's pren	-	ult from application of new	
	rates.  Auto-Owners Insurance Company			
			ame of Company	

Jennifer L. Smith, Manager

Official - Title

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate I	evel produced by rate revision effective	11-1-13
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$31,382	3.3%
15. Other Workers Compensation Line of Insurance	<u> </u>	0.570
Eine of modratio		
Does filing only apply to certain territory	(territories) or certain classes? If so, speci	fy: <u>No</u>
Brief description of filing. (If filing follows NCCI loss costs as filed in circular IL-20	rates of an advisory organization, specify 12-01 and approved in IL-2012-04.	organization): We are filing to adopt the
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new ra	tes.
	Denos	sitors Insurance Company
		Name of Company
		• •
	Marie T. S	afreed, State Filing Specialist
		Official – Title

## FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium	or rate leve	l produced b	by rate revision
effective October 1, 2013			

(1)		(2) Annual Premium	(3) Percent
Covera	- <del>T</del>	Volume (Illinois) *	_ Change (+or-) **
Automobile Liab	oility Private		
Passenger			
Commercial			
Automobile Phy			
Private Passeno	ger		
Commercial	_		
Liability Other T			
Burglary and Th	eft		
Glass			
Fidelity			
Surety			
Boiler and Mach	ninery		
Fire			
Extended Cover	age		
Inland Marine			
Homeowners			
Commercial Mu	lti-Peril		way-recommended to the state of
Crop Hail			
Other Workers Comp		\$1,728,766	0%
Line of Ir	nsurance		
Classes? If so,		ain territory (territories) o	r certain
specify:	NA		
Brief description Organization, s	• ,	filing follows rates of an	advisory
organization):		Adopt the NCCI 1/1/2013	loss costs and adjust our multiplier.
This will result in no o	overall change.		
*Adjusted to ref	lect all prior r	ate changes	
**Change in Co	mpany's prer	mium level which will rest	ult from application of new
, 0,000.		Iowa American In	surance Company
			ame of Company
		Payorly Barbar Co	• • • • • • • • • • • • • • • • • • • •

Official - Title

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium	or rate level produced by rate revision
effective October 1, 2013	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		_
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$5,476,475	0%
Line of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	rcertain
specify: NA		
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify	A double high 14/2012	loop posts and adjust our moutinities
organization):	Adopt the NCCI 1/1/2013	loss costs and adjust our multiplier.
This will result in no overall change.		
*Adjusted to reflect all prior ra  **Change in Company's premates.		ılt from application of new
	Iowa Mutual Insur	ance Company
		me of Company
	Boyorky Barbar Co	, ,

Official - Title

# FORM (RF-3)

## SUMMARY SHEET

Change in Company's prem	nium or rate level p	produced by rate revision
effective July 10, 2013		

~	(1)	(2) Annual Premium	(3) Percent
-	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail	<b>A00 500 700</b>	. 0.00
15.	Other Workers Compensation  Life of Insurance	\$26,502,788	+0.3%
4	Life of Hisdrance		
	Does filing only apply to certain Classes? If so,	in territory (territories) or	certain
	specify: No, appli	es to all classes.	
	Brief description of filing. (If fil	ling follows rates of an a	dvisory
	Organization, specify		
	organization):		from the National Council on Compensation Insurance
	(NCCI) 1/1/13 rates. Preferred classes (listed		
	(listed on cover letter) are deviated +58% from I		are deviated +44% from NCCI advisory rates.
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	Oursen Incurrence	Company
		Owners Insurance	
		Jennifer L. Smith, M	me of Company
			Official - Title